## **Ohio Campaign Finance Report**



Prescribed by Secretary of State 3/05

10 JAN 29 AK 10: 31

Full Name of Committee Citizens for Stephanie McCloud					Regustration: Number of PACSUATY BOAND OF ELECTIONS			
Full Name of Candidate Stephanie McClo	oud	*	· · · · · · · · · · · · · · · · · · ·	<u></u>				
Street Address 14 East Gay St., 2nd Floor				Office Sought Treasurer				
City Stape Zap Code Columbus OH 43215				•				
Type of Report	Pro-Primary	Post-Primary	Pre-General	Post-Gen	eral Annual Year			
(place X to the left of report type)	July Monthly	August Monthly	September Monthly	Terminati	on Semiannual			
Amended Report? 🔲 Yes	No Report Electronically F	iled? 🗆 Yes 🗐 No	Date of Electron	1 <sup>M</sup> 1	0 d 4 0 8			

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  $\Box$  No other forms are required for a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1. Amount brought forward from last report	s	\$16,352	.58
2. Total monetary contributions (From Form No. 31-A)	s	\$0	.00
3. Total other income (From Form No. 31-A-2)	s	\$0	.00
4. Total funds available (sum of lines 1, 2, 3)	s	\$16,352	.58
5. Total monetary expenditures (From Form No. 31-B)	s	\$1,550	.00
6. Balance on hand (line 4 minus line 5)	s	\$14,802	.58
7. Value of in-kind contributions received (From Form No. 31-J-1)	s	\$0	.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	s	\$0	.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0	.00
10. Outstanding debts swed by committee (From Form No. 31-N)	s	\$0	.00
11. Outstanding loans owed to committee (From Form No. 31-K)	s	\$500	.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0	.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	s		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Bradley K. Sinnott, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature L

1/25/10 Date

Contribution pages 0

Expenditure 1 pages

Other 5 pages

Total 6 pages\_

## **Statement of Expenditures**

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Stephanie McCloud				
To Whom Paid Committee to Elect Brad McCloud	<del> </del>	· · · · · · · · · · · · · · · · · · ·	M D Y Amount 0 8 0 4 0 9 \$500 00	
Address 52 East Gay St.	Purpose Contribution	on		
Cıty Columbus	State OH	Zip Code 43215	Check Number 1022	
To Whom Paid Committee for Chris Long			1 0 2 6 0 9 \$350 00	
Address 1675 Haft Dr.	Purpose Contribution			
City Reynoldsburg	State OH,	Zap Code 43068	Check Number 1023	
To Whom Paid Committee for Barth Cotner			M D D Y Amount \$350 00	
Address 1439 Jackson St.	Purpose Contribution			
City Reynoldsburg	State OH,	Zap Code 43068	Check Number 1024	
To Whom Paid Citizens for Nathan Burd			M D Y Amount 1 0 2 6 0 9 \$350 00	
Address 1566 Burkey Ct	Purpose Contribution			
City Reynoldsburg	State OH	Zip Code 43068	Check Number 1025	
To Whom Paid			M D Y Amount	
Address Purpose				
City	OH State	Zap Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH	Zsp Code	Check Number	
To Whom Paid M D Y Amount				
Address	Purpose			
City	State OH	Zap Code	Check Number	
To Whom Paid M D Y Amount				
Address	Purpose			
City	State OH	Zıp Code	Check Number	

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## **Statement of Loans Made**

Prescribed by Secretary of State 2/01

Full Name of Committee							
Citizens for Stephanie McCloud							
To Whom Made Committee to Elect Brad McCloud				Prior Amount \$0.00			Amt. Loaned this Period \$500 00
Address 52 East Gay St							Outstanding Balance \$500 00
City Columbus	State Zrp Code OH 43215			Payments Received This Period Date Amount			
Date Loan was Originally Made	0 8	0 4	0 9	M	D	Y	S
				M	D'	Y	
				M	D	Y	
To Whom Made				Prior Amo	ount		Amt. Loaned this Period
Address							Outstanding Balance
City	State Zap Code			Payments Received This Period Date Amount			
Date Loan was Originally Made	M	D	Y	M	D	Y	\$
				M	D	Y	
				M	D	Y	
To Whom Made				Prior Amo	ount		Amt Loaned this Period
Address			·····				Outstanding Balance
City	State Zap Code			Payments Recei			ived This Period Amount
Date Loan was Originally Made	M	D)	Y	M	D	Y	\$
	1 .1	1		M	D	Y	
				M	D	Y	
				<u> </u>	1	<u></u>	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all loans made this period to the Statement of Expenditures (Form No 31-B) Transfer total of all payments received in this period to the Statement of Other Income (Form No 31-A-2) Transfer Total Outstanding Balance to the cover page

Total Loans this Period \$	\$500 00	(also record on Form 31-B)
Total Outstanding Balance \$_	\$500.00	(also record on cover page)
Total Darmonte Recovered this	Percel \$ \$0.00	(also record on Forms 31.A.